

Probation Service Definition

SERVICE NAME	Transitional Living Halfway House
Category	Treatment
Setting	Facility-based
Facility License	As required by the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health
Service Description	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community generally after primary treatment at a more intense level. This service provides safe housing, structure and support, affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment or enroll in school.
Service Expectations	 Orientation for new residents upon admission. Orientation shall include explanation of policies and procedures, house rules, grievance process, etc. Orientation shall also address any immediate needs and begin to prepare the individual to transition into long-term safe, stable housing to promote abstinence within the community. An individualized, comprehensive transition plan must be developed within seven (7) days of admission and will include the individual, probation officer and other stakeholders. Items to be addressed in the transition plan include: successful reintegration into productive daily activities such as work, school and/or family living, including the establishment of individual social supports to enhance recovery and stability, to include those identified in Probation's Success/Risk Reduction Plan The provider, individual and officer shall review and update the transition plan at a minimum of every 30 days. On-site Case Management will provide services which promote self-sufficiency through employment support, promoting abstinence, establishing community supports to address basic needs (food, clothing, hygiene) through referrals and warm handoffs and maintaining ongoing accountability; case management will be demonstrated in the regularly updated transition plans.

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	"All service providers and services must be in compliance with the Standards of Practice and Fee for Service Rules."	3/15/2021

	The provider will utilize the online web portal for required reporting including documenting transition plans
	and overall case management.
	Providers will verify and document daily residency and whereabouts to be provided upon request by the
	State of Nebraska Probation Staff.
	Services must be trauma informed, culturally sensitive, age and developmentally appropriate and
	incorporate evidence-based practices.
	Providers must ensure a safe & secure building free from danger or the risk of harm with continuing effort
	made to eliminate potential hazards.
	Individuals must have secure personal property storage available on site.
	The provider will require individuals to be accountable to probation requirements and engage in ongoing
	communication with supervising officers in regards to case plans; specifically the provider will report
	instances when an individual on probation is suspected to be under the influence of alcohol or any other
	mood-altering substances, when an individual on probation does not stay at facility overnight, and/or
	suspected unlawful behavior.
	Policies, house rules, program requirements, etc. cannot conflict with a written court order or other
	Probation requirements.
	Medication policies shall align with any/all State and Federal licensing requirements.
	Deposit and/or fee requirements are prohibited while an individual receives financial assistance through any
	Transitional Living voucher.
	There shall be no policies requiring an individual commit to living at the house/facility beyond the 84 day
	financial assistance period.
	Adhere to all other Halfway House requirements per DHHS licensure
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Individualized based on needs of individual; Probation will provide financial assistance for up 12 Weeks (84 days)
Staffing	Clinical Director (APRN, RN, LMHP, LIMHP, LADC or licensed psychologist) working with the program and
	responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review)
	and to provide consultation and support to care staff and the individuals they serve.
	Appropriately licensed and credentialed professionals working within their scope of practice to provide
	substance use disorder treatment.
	Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service
	field are preferred but two years of coursework in a human services field and/or two years of

	experience/training or two years of lived recovery experience with demonstrated skills and competencies in
	treatment with individuals with behavioral health diagnoses is acceptable.
	All staff shall be educated/trained in rehabilitation and recovery principles.
	Staff must have experience, knowledge and education with all facility programming.
	Staff must be affiliated with an agency registered as a service provider.
	Paid staff, volunteers, and House Managers cannot be under community supervision or convicted of a
	criminal infraction within the last six months.
	All staffing changes, including changes to house managers, primary contacts and responsible parties, will be
	updated in the online web portal within 48 hours of staff change.
Staff to Client Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities.
	1:10 Direct Care Staff to Individual (day and evening hours); 1:12 Therapist to Individuals
	One (1) awake staff during client sleep hours (overnight) with on-call availability
	On-call availability of medical and direct care staff and licensed clinicians to meet the needs of the individuals
	served 24 hours per day, seven (7) days per week.
Hours of Operation	24 hours per day, seven (7) days per week.
Service Desired Outcomes	The individual has demonstrated participation and engagement in services.
	The individual has developed support systems to help maintain stability in the community.
	Individual has substantially met transition plan goals and objectives.
	Individual has improved daily functioning and has reduced criminogenic risk.
	Individual has identified long-term, safe and stable housing.
	Provider has coordinated with other professionals as needed.
Unit and Rate	Per day; see rate sheet